



W. Marshall Taylor Jr., Acting Director

*Promoting and protecting the health of the public and the environment*

## **School and Childcare Exclusion List**

### **Official School and Child Care Exclusion List of Contagious or Communicable Diseases**

**Statutory authority: SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180  
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5**

### **Requirements**

South Carolina law allows schools to prevent the spread of disease in the school and childcare by limiting the attendance of students or employees with contagious or infectious diseases at school or school activities. [SC Regulation #61-20](#) requires that DHEC publish in January of each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the School and Childcare Exclusion List.

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.”

Students and staff are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school or childcare criteria are met.

### **2015 Revisions**

The School and Childcare Exclusion Lists were combined in January 2015 into a single list. The Exclusion List now applies to children in out-of-home childcare; to students enrolled in public, private, parochial, church or Sunday school; to staff employed in out-of home childcare; and to faculty and staff in the school setting.

Additional updates from the 2014 Lists include the addition of *Cryptosporidium* infections as an excludable condition, and the removal of Cytomegalovirus and infectious mononucleosis from the list. Updated clarification of the exclusion criteria for conjunctivitis, *E. coli*, *Salmonella* Typhi, and *Shigella* has also been provided.

**This update to the School and Childcare Exclusion List is effective  
January 31, 2015.**

### Guidance for Implementing the School and Childcare Exclusion List

1. The **School and Childcare Exclusion List** applies to the following groups of people in out-of-home childcare, (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61.20).
  - Children and employees in out-of-home childcare settings;
  - Preschool/kindergarten students in grades 3K, 4K, and 5K;
  - Students in grades 1-12; and
  - School faculty and staff that have contact with students.
2. **Parent Notification:** Schools may distribute the list of conditions that require exclusion from school attendance to parents/guardians, or schools may distribute parent brochures developed by DHEC. The list is also available at <http://www.scdhec.gov/Health/ChildTeenHealth/SchoolExclusion>.
3. **Parent Reporting to School:** Schools should inform parents/guardians that they must notify the school within 24 hours after their student has developed a known or suspected communicable illness addressed on the Exclusion List.
4. **Return to School:** Students may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.
5. **Special Circumstances:** Immunocompromised or medically fragile children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s) or by DHEC. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread. Nothing in these criteria precludes the exercise of the professional judgment of local education agency medical and/or nursing staff to protect the health of students.
6. **Exclusion criteria that vary** by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the List are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the tables on the following pages.
7. **Notes / Documentation for Return:** A student may return to school as indicated in the tables that follow. Physicians, nurse practitioners, physician assistants, or DHEC licensed health care professional staff may provide medical notes for return to school following an excludable condition. Medical notes, which document diagnosis, initiation of treatment, improvement in status, etc., and parent notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required by DHEC for any specific condition.
8. **Period of Exclusion:** If a student does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.
9. **Other Risks:** This list addresses common exposures to communicable disease. DHEC staff are available for consultation on unusual conditions or exposures, as well as on risks associated with close contact sports, water activities, immunocompromised status, contact with animals, etc. State or national sanctioning bodies may also have applicable rules regarding participation in contact sports.
10. **Outbreaks:** During disease outbreaks or under special circumstances, DHEC may change or lengthen exclusion periods. During outbreaks, exclusion criteria may also apply to students and staff who display the same symptoms as lab-confirmed cases, even if the student has not been tested for the illness causing the outbreak.

### Guidance for Implementing the School and Childcare Exclusion List

**11. Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.

General Exclusion Criteria	Documentation for Return	Reportable to Health Department? <sup>1</sup>
Exclude <b>young children</b> <sup>2</sup> with illness that prevents them from comfortably participating in program activities.	School or facility to specify based on situation	Report outbreaks only <sup>3</sup>
Exclude young children with illness that results in a greater need for care than the staff can provide without compromising the health and safety of other children.	School or facility to specify based on situation	Report outbreaks only
Exclude students with illness preventing participation in routine educational activities, as determined by school staff, until symptoms resolve.	Parent note	No
Exclude childcare staff with illnesses that limit their ability to provide an acceptable level of care, and which would compromise the health and safety of the children.	Statement from employee	No
<b>Possible severe illness:</b> Exclude students with symptoms or other manifestations of <b>possible severe illness</b> until symptoms cease and a medical evaluation determines that the ill person is not contagious: <ul style="list-style-type: none"> <li>• <a href="#">Fever</a>, with behavior changes</li> <li>• Rapidly spreading rash</li> <li>• Weeping or draining sores that cannot be covered</li> <li>• Difficulty breathing</li> <li>• Unusual lethargy (an unusual tiredness or lack of energy) in young children</li> <li>• Unusually severe irritability in young children</li> </ul>	Medical note	Report outbreaks only

<sup>1</sup> The requirement to report Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and "any person or entity that maintains a database containing health care data." The List of Reportable Conditions may be accessed here: <http://www.scdhec.gov/administration/library/CR-009025.pdf>.

<sup>2</sup> "Young children" or "younger children" are generally those in childcare, preschool, or kindergarten grades.

<sup>3</sup> Report suspected outbreaks and clusters of diseases or symptoms that would not be reportable as single cases. An "Outbreak" in a school is defined as an excess number of cases or symptoms over the expected occurrence of disease within a school or classroom or group. Outbreaks are reported immediately to DHEC.

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<b>Abdominal Pain:</b> Exclude younger children with <b>persistent abdominal pain</b> (continuing for 2 or more hours) or <b>intermittent abdominal pain</b> associated with fever, dehydration or other systemic symptoms. Exclusion is not required for older children or for school/childcare staff if symptoms are known to be associated with a non-contagious condition.	Parent or medical note, depending upon situation	No
<b>Bronchiolitis:</b> Exclude younger children with <b>bronchiolitis</b> if the child has a fever or if the child is too sick to participate in activities with other children and staff.	Parent note	No
<b>Campylobacter:</b> Exclude until diarrheal symptoms are resolved for at least 24 hours.	Parent note or employee statement	Report within 3 days Report outbreaks immediately
<b>Conjunctivitis (pinkeye):</b> <ul style="list-style-type: none"> <li>Exclude students and staff with pinkeye <u>if they also have fever, severe eye pain, or are too sick to participate</u> in routine activities.</li> <li>Refer students and staff who experience pinkeye accompanied by changes in vision or severe eye pain for an ophthalmologic evaluation.</li> <li>In outbreaks, DHEC may change the exclusion criteria for conjunctivitis.</li> <li><i>Like the common cold pink eye may be transmissible but it resolves without treatment. Isolated cases do not require exclusion. The best method for preventing spread is good hand hygiene.</i></li> </ul>	Parent note or employee statement.	Report outbreaks only <sup>4</sup>
<b>Cryptosporidiosis:</b> Exclude until diarrhea resolves for at least 24 hours Restrict recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.	Parent note or employee statement	Report within 3 days Report outbreaks immediately

<sup>4</sup> One form of viral conjunctivitis, caused by adenovirus, can cause epidemics. If two or more children in a classroom or group care setting develop conjunctivitis in the same period of time, seek the advice of the program's health consultant.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
Diarrhea: <sup>5</sup>		
<b>Younger Students</b>  Exclude <b>children younger than 5<sup>th</sup> grade, and childcare staff with diarrhea</b> until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable.	Parent note	Report outbreaks only
<b>Older Students</b>  Exclusion for diarrhea in <b>6<sup>th</sup> through 12<sup>th</sup> grade students or for school staff is not mandatory</b> unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting.	NA	Report outbreaks only
<b>Special Circumstances for Diarrhea</b>		
• There are special exclusion rules for students and staff with diarrhea caused by <u>E. coli</u> , <u>Salmonella Typhi</u> , or <u>Shigella</u> . Please refer to those sections of this document.	See each condition	See each condition
• For <b>diapered children or students of any age who require assistance with personal hygiene</b> , exclude for 2 or more diarrheal episodes in a school or program day if the frequency or nature of diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (e.g., diaper spillage or accidents in toilet trained children)	School to specify based on situation	No
• <b>Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus</b> , unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn's Disease). Return is permitted when symptoms are resolved or medical evaluation indicates that inclusion is acceptable.	School to specify based on situation	Report outbreaks only
• Exclusion may not be required if diarrheal symptoms persist after <u>completion</u> of effective antimicrobial therapy for an enteric illness such as <u>Campylobacter</u> , <u>E. coli</u> , <u>Giardia</u> , <u>Salmonella</u> , or <u>Shigella</u> , if other return to school criteria are met and a health care provider has cleared the student or employee.	See each condition	See each condition

January 31, 2015

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<p><b><i>Escherichia coli</i> O157:H7, or other <i>shiga</i>-toxin producing bacteria (includes STEC):</b></p> <p>Exclude until diarrhea resolves, AND 2 consecutive stool cultures taken at least 24 hours apart test negative for <i>E. coli</i> O157:H7 or STEC.</p> <p>If antibiotics were prescribed, stool cultures should be collected 48 or more hours after the antibiotics are all taken.</p> <p>A healthcare professional must clear students or staff for readmission for all cases of <i>E. coli</i> O157:H7 or STEC.</p> <p>Exclude students and staff with <i>E. coli</i> / STEC infections from recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.</p>	Medical note documenting diagnosis and negative test results, and parent report or employee statement of resolution of symptoms	Report within 24 hours by phone.
<p><b>Fever:</b></p> <p>Exclude for <u>fever accompanied by behavior changes or other signs and symptoms of illness</u> (such as rash, vomiting, diarrhea, earache, irritability, or confusion), in students <u>who do not have signs of influenza-like illness</u>, until medical evaluation indicates inclusion is acceptable.</p> <p><b>In the Childcare setting:</b></p> <p>a. For infants <b>4 months of age and younger</b> (even if there has not been a change in child's behavior):</p> <ul style="list-style-type: none"> <li>Exclude for Rectal temperature: 101.0° F or greater</li> <li><b><i>Fever in a child 60 days of age or younger (axillary <math>\geq 100.5</math> or <math>\geq 101</math> rectally) requires immediate medical attention.</i></b></li> </ul> <p>b. For infants and children in out of home childcare who are <b>older than 4 months of age</b>:</p> <ul style="list-style-type: none"> <li>Exclude for Rectal temperature: 102.0° F or greater</li> <li>Exclude for Axillary temperature: 100.0° F or greater</li> <li>Exclude for Oral temperature: 101.0° F or greater</li> </ul> <p>c. Exclude childcare staff for oral temperature 101° F or higher. <i>For temperatures <math>\geq 100.0^\circ\text{F}</math> and signs of the flu, see the criteria for <a href="#">Influenza-like illness</a></i></p> <p><b>For Schools:</b></p> <p>a. For all ages of students</p> <ul style="list-style-type: none"> <li>Exclude for Oral temperature: 101.0° F or greater</li> <li>Exclude for Axillary temperature: 100.0° F or greater</li> </ul> <p>b. Exclude school staff for oral temperature 101 or higher. <i>For a temperature <math>\geq 100.0^\circ\text{F}</math> and signs of the flu, see the criteria for <a href="#">Influenza-like illness</a></i></p>	School to specify based on situation	Report outbreaks only

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<p><b>Special Circumstances for Fever:</b></p> <p>Students and staff with non-contagious medical conditions characterized by fever may attend school or childcare with medical clearance.</p> <p>Students or staff who have fever under 101° F <u>who have no other signs of illness</u> and who can participate in routine activities, do not have to be excluded.</p>		
<p><b>Giardia:</b></p> <p>Exclude until diarrhea resolves for at least 24 hours</p> <p>Students and staff with Giardia infections should be excluded from recreational water activities (pools, splash pads, water tables, etc.) until 2 weeks after diarrheal symptoms resolve.</p>	Parent note or employee statement	Report within 3 days Report outbreaks immediately
<p><b>Haemophilus influenzae type B (Hib)</b></p> <p>Exclude until the student is cleared by a health professional.</p> <p>Exclude ill staff with proven Hib infection until antibiotic therapy is initiated.</p> <p>No exclusion is required for <u>exposed</u> students or staff.</p>	Medical note documenting diagnosis, completion of antibiotic treatment, and clearance to return to school	Report within 24 hours by phone
<p><b>Hand, foot, and mouth disease:</b></p> <p>Exclude while symptoms of fever or excessive drooling are present, which is typically during the first week of illness.</p>	Parent note	Report outbreaks only
<p><b>Head Lice (pediculosis):<sup>6</sup></b></p> <p>Exclude for:</p> <ul style="list-style-type: none"> <li>the presence of live, crawling lice visualized on direct inspection of the scalp, and/or</li> <li>the presence of nits (eggs) that appear to be ¼ inch or 6 mm from the scalp.</li> </ul> <p>Students identified with pediculosis may be allowed to remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Sports or physical education governing bodies may impose additional restrictions on participation.</p> <p>Childcare centers may opt to exclude children or staff immediately if close head-to-head contact cannot be avoided in the center setting.</p> <p>Faculty or staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities.</p>	<p>Excluded persons may return after one initial treatment when screening identifies no live, crawling lice on the affected person's scalp.<sup>7</sup></p> <p>The school or facility may identify acceptable products.</p>	Not reportable

<sup>6</sup> Ideally, pediculosis screening is performed by healthcare providers, including school health nurses, or by school health aides who have been trained by school nurses. Students with other evidence of infestation (e.g., nits further than ¼" from the scalp) may be excluded per local policies.

<sup>7</sup> Local education agencies opting for more stringent "No Nit Policies" for school re-admission should clearly explain these policies to families when distributing materials on School Exclusion.

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<b>Re-screening Recommendations for Head Lice:</b> Persons who were identified with pediculosis and excluded should be rescreened at 7-10 days after initial treatments. Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp.		
<b>Hepatitis A virus infection:</b> Exclude until 1 week after onset of illness or jaundice. Direct contacts to their health care providers for consideration of immunoglobulin or vaccine in consultation with the health department.	Medical note documenting diagnosis and more than one week since onset and not contagious	Report within 24 hours by phone
<b>Impetigo:</b> Exclude until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing.	Parent note or employee statement indicating antibiotic therapy has been initiated	Not reportable
<b>Influenza / Influenza-like Illness or ILI:</b> Exclude until at least 24 hours after the person is free of fever <u>without the use of fever-reducing medicines</u> . ILI is defined as an oral temperature of $\geq 100^{\circ}$ F with a cough and/or sore throat for which there is no other known cause besides the flu or an influenza-like illness.	Parent note or employee statement that the student or employee has not had a fever for 24 hours and has not taken any fever-reducing medications for 24 hours	Report outbreaks immediately by phone
<b>Measles:</b> Exclude until 4 days after onset of rash and cleared by health care provider.	Medical note documenting at last 4 days since onset of illness	<b>REPORT IMMEDIATELY by phone</b>
<b>Meningitis:</b> Exclude as soon as meningitis is suspected. Seek medical attention promptly. Re-admit when cleared by a health care professional.	Medical note documenting that the affected person is non-contagious	<b>REPORT IMMEDIATELY by phone</b>
<b>Mouth Sores:</b> Exclude young children for sores, including mouth ulcers and blisters, <u>inside the mouth</u> associated with uncontrolled drooling, unless the child's health care provider states that the child is noninfectious.	Medical note documenting diagnosis and non-infectiousness	Report outbreaks only



Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<b>Mouth Sores, <i>continued</i>:</b>  Exclusion of children/students with cold sores (recurrent herpes simplex virus (HSV) infection) is not indicated. Caregivers in the childcare setting with herpes cold sores should not be excluded, but should cover and not touch their lesions, and carefully observe hand hygiene policies	NA	
<b>Mumps:</b> Exclude until 5 days after onset of parotid gland swelling.	Medical note documenting diagnosis	Report within 24 hours
<b>Norovirus:</b> Exclude until asymptomatic (diarrhea and/or vomiting cease for at least 24 hours).	A parent note or employee statement that diarrhea or vomiting has ceased.	Report outbreaks only
<b>Pertussis (whooping cough):</b> Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin. No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants.)	Medical note documenting diagnosis, and macrolide antibiotic prescribed	Report within 24 hours by phone. Report outbreaks immediately by phone.
<b>Rash with fever or behavioral change:</b> Exclude students/children until a health care provider has determined that the illness is not a communicable disease. Exclude faculty and staff for rash with fever and/or joint pain, until a communicable disease such as measles or rubella has been ruled out.	Medical note documenting evaluation, non-communicability	Report outbreaks only
<b>Respiratory Syncytial Virus (RSV):</b> Exclude younger children with RSV if the child has a fever or if the child is too sick to participate in activities with other children and staff.	Parent Note	No
<b>Ringworm (<i>Tinea</i>):</b> <ul style="list-style-type: none"> <li> <b>Ringworm of the Scalp (<i>Tinea capitis</i>).</b> <ul style="list-style-type: none"> <li>Exclude children younger than 6<sup>th</sup> grade with <b>Ringworm of the Scalp (<i>Tinea capitis</i>)</b> at the end of the school or program day until oral antifungal treatment is initiated.</li> <li>Exclude childcare staff with ringworm of the scalp at the end of the day until oral antifungal treatment is initiated.</li> </ul> </li> </ul>	Medical note documenting diagnosis and initiation of oral anti-fungal therapy	Not reportable

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<ul style="list-style-type: none"> <li>• <b>Ringworm of the Body (<i>Tinea corporis</i>).</b> <ul style="list-style-type: none"> <li>○ Exclude students in <b>out-of-home childcare</b> at the end of the school day until oral or topical antifungal treatment is initiated.</li> <li>○ For children in <b>Kindergarten through 5<sup>th</sup> grade</b>: <ul style="list-style-type: none"> <li>▪ Exclusion is not required for <i>Tinea corporis</i> if the affected area can be <u>adequately covered at all times while in school</u>. Treatment is recommended.</li> <li>▪ If lesions cannot be covered, exclude at the end of the school day until oral or topical antifungal treatment is initiated.</li> </ul> </li> </ul> </li> <li>• <b>Exclusion for <i>Tinea capitis</i> or <i>Tinea corporis</i> is not mandatory for students in 6<sup>th</sup> through 12<sup>th</sup> grades</b>, unless a student is determined to be contributing to the spread of illness in the school setting or meets <a href="#">other exclusion criteria</a>.</li> <li>• Exclusion is not required for staff with ringworm of the body if the affected area can be covered, and remains covered, while in the childcare or school setting.</li> </ul>	<p>Parent note that treatment has been initiated for body ringworm lesions that cannot be covered</p> <p>Generally not applicable</p> <p>Generally not applicable</p>	Not reportable
<ul style="list-style-type: none"> <li>• <b>Sports and PE:</b> The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with <i>Tinea capitis</i> or <i>Tinea corporis</i>.</li> </ul>		
<p><b>Rotavirus:</b> Exclude until asymptomatic (diarrhea ceases for at least 24 hours).</p>	A parent note or employee statement that diarrhea has ceased	Report outbreaks only
<p><b>Rubella (German Measles):</b> Exclude until 7 days after onset of rash. <b><u>Congenital Rubella:</u></b> Exclude until 1 year of age unless nasopharyngeal and urine cultures after 3 months of age are repeatedly negative for rubella virus.</p>	Medical note documenting diagnosis and onset date	Report within 24 hours by phone

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<p><b>Salmonella:</b></p> <ul style="list-style-type: none"> <li>• <b><i>Salmonella typhi</i> (Typhoid Fever) infection:</b> Exclude until diarrhea resolves AND three stool cultures collected at 24-hour intervals are negative for <i>Salmonella Typhi</i>. A healthcare professional must clear a child or staff member for readmission for all cases of <i>Salmonella Typhi</i>.</li> <li>• <b>Nontyphoidal <i>Salmonella</i> infections:</b> Exclude until 24 or more hours after diarrhea has ceased.</li> </ul>	<p>Medical note for <i>Salmonella Typhi</i>, documenting diagnosis and negative test results, and parent or employee report of resolution of symptoms</p> <p>Parent note or employee statement for non-typhoidal <i>Salmonella</i></p>	<p>Report Typhoid fever within 24 hours Report outbreaks immediately</p> <p>Report non-typhoid <i>Salmonella</i> within 3 days Report outbreaks immediately</p>
<p><b>Scabies:</b></p> <p>Exclude until after appropriate scabicial treatment has been completed (usually overnight)</p> <p>The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with scabies.</p>	<p>Medical note documenting diagnosis, completion of therapy</p>	<p>Not reportable</p>
<p><b>Shigella:</b></p> <ul style="list-style-type: none"> <li>• <u>Children or staff in out-of-home childcare or students in Kindergarten:</u> <ul style="list-style-type: none"> <li>○ Exclude until 24 hours or more after diarrhea has ceased, and at least 1 stool culture is negative for <i>Shigella</i>.</li> <li>○ If the child received antibiotics, cultures must be collected at least 48 hours after cessation of antibiotics.</li> <li>○ A healthcare professional must clear children or staff in out-of-home childcare or students in Kindergarten for readmission for all cases of Shigellosis.</li> </ul> </li> <li>• <u>Students in Grades 1-12:</u> <ul style="list-style-type: none"> <li>○ Exclude until diarrhea has stopped for at least 24 hours, provided that the student has good hand hygiene and ability to self-toilet.</li> <li>○ A student with questionable or poor hand hygiene may be required to have at least 1 <i>Shigella</i>-negative stool culture and to be diarrhea-free for at least 24 hours prior to returning. If the child received antibiotics, cultures must be collected at least 48 hours after cessation of antibiotics.</li> </ul> </li> </ul>	<p>Younger students, childcare attendees and staff: Medical note documenting diagnosis and negative test results.</p> <p>Older students: Parent note of resolution of symptoms</p>	<p>Report within 3 days. Report outbreaks immediately.</p>

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<p><b><i>Shigella</i></b>, continued:</p> <ul style="list-style-type: none"> <li>• <u>School staff</u>: <ul style="list-style-type: none"> <li>○ Exclude until diarrhea has stopped for at least 24 hours.</li> </ul> </li> </ul> <p>In an outbreak, DHEC may change the readmission criteria for students or staff with Shigellosis.</p>	School staff: Employee statement of resolution of symptoms	
<p><b>Skin lesions, including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.</b></p> <p>Exclude only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage comes through to contaminate other surfaces.</p> <ul style="list-style-type: none"> <li>• <b>Sports.</b> Children with lesions on uncovered skin, or with lesions that are covered but draining or oozing, may not participate in close contact sports or other athletic activities. The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with skin lesions.</li> <li>• <b>Precautions.</b> Barriers, including gloves, and appropriate disposal of potentially infectious materials must be used when dressings are changed in the school setting.<sup>8</sup></li> <li>• <b>Carrier Status.</b> Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.</li> <li>• <b>Outbreaks.</b> DHEC may change these recommendations in the event of reported outbreaks or clusters of skin lesions.</li> </ul>	Not required	Report outbreaks only
<p><b>Streptococcal pharyngitis (strep throat):</b></p> <p>Exclude until afebrile and at least 24 hours after treatment has been initiated.</p>	Medical note documenting diagnosis and initiation of treatment, plus parent note of afebrile status	Report outbreaks only
<p><b>Sty (or stye)</b></p> <p>Exclude young children with sty, an infection in the eyelid at the base or the eyelashes or near the edge of the eyelid, if the sty is actively draining and cannot be covered for an extended period.</p>	None	No

<sup>8</sup> From the CDC: Use standard precautions (e.g., hand hygiene before and after contact, wearing gloves) when caring for nonintact skin or potential infections. Use barriers such as gowns, masks, and eye protection if splashing of body fluids is anticipated. (<http://www.cdc.gov/mrsa/community/schools/index.html>)

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<b>Tuberculosis:</b> Exclude for active (infectious) TB, until the local health department authority or <u>treating</u> infectious disease physician states that the student or staff member is noninfectious.	The health department or infectious disease physician must clear the student or staff member for return to school	Report within 24 hours
<b>Varicella (chickenpox)</b> <ul style="list-style-type: none"> <li>Exclude for <b>typical Varicella (chickenpox)</b>, which occurs in unvaccinated persons, until all lesions have dried and crusted.</li> <li><b>Breakthrough varicella</b>, which occurs in vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions.</li> </ul>	Parent note or employee statement that lesions have dried/crusted  Parent note or employee statement that lesions are fading/resolving and no new lesions have appeared for 24 hours	Report cases within 3 days Report outbreaks immediately
<b>Varicella Herpes Zoster (shingles)</b> Exclude if lesions cannot be covered, until lesions are crusted. <b>Sports and PE:</b> The school or sanctioning athletic body may impose additional restrictions for physical education and sports activities for students with shingles.	Parent note or employee statement indicating any uncovered lesions have dried/crusted	Report outbreaks only
<b>Vomiting</b> Exclude young children for <b>Vomiting</b> <ul style="list-style-type: none"> <li>2 or more times during the previous 24 hours, or</li> <li>for vomiting and fever (101 or higher),</li> </ul> unless the vomiting is known to be caused by a non-communicable condition and the child is not in danger of dehydration. No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness. <b>Special Circumstances for Vomiting:</b> Exclude students of any age with <u>severe</u> vomiting and diarrhea, or vomiting blood until symptoms resolve, unless the vomiting and/or diarrhea is known to be caused by a non-communicable condition Refer anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation.	Readmit children when vomiting has resolved, and child is able to remain hydrated and participate in activities.  Parent or medical note, depending upon situation	Report outbreaks only  Report outbreaks only

Students and staff with the following conditions must be excluded from the school or out-of-home childcare until the symptoms have resolved and documentation has been provided as noted below.

Specific Exclusion Criteria	Documentation for Return	Reportable to Health Department?
<b>Conditions or illnesses that DHEC or a health care provider<sup>9</sup> indicates warrant exclusion.</b> Exclude until condition or risk to others is resolved. This includes students or staff determined to be contributing to the transmission of illness in the school.	Medical note addressing diagnosis and communicability	DHEC staff are available for consultation on this exclusion

**Exclusion criteria for students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>10</sup>:**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<b><i>Neisseria meningitidis</i>:</b> Exclude close contacts to meningococcal disease cases until antimicrobial treatment has been initiated.	Medical note documenting initiation of antimicrobial therapy
<b>Pertussis (whooping cough):</b> Contacts do not need to be excluded. If <u>close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis they are considered to be suspect cases</u> . Contacts with cough illness are excluded as suspect cases: <ol style="list-style-type: none"> <li>until after 5 days of appropriate antimicrobial therapy, or</li> <li>if no antibiotics are given, until 21 days after last contact with an infected person, or</li> <li>until after a negative pertussis test result, or</li> <li>until a health care provider clears the child or employee to return to school.</li> </ol>	Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left. Parent report if returning to school 21+ days after last contact.

<sup>9</sup> "Health care provider" includes school nurses.

<sup>10</sup> Exclusions may be indicated for contacts to other conditions when recommended by DHEC or the student's or staff member's health care provider.

**Exclusion criteria for students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>10</sup>:**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<b>Unimmunized students</b> without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below <sup>11</sup> :	
<ul style="list-style-type: none"> <li> <b>Measles:</b>            Exclude exposed students who have not been immunized against measles for 21 days after onset of rash in last case of measles in the affected school or community.            Staff born in 1957 or later who cannot provide documentation of 2 doses of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.            Pregnant students and staff should not receive MMR immunization.            DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.         </li> </ul>	Individuals without previous measles immunization may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure). Contact DHEC regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.
<ul style="list-style-type: none"> <li> <b>Mumps:</b>  <u>During mumps outbreaks</u>, exclude exposed students who have not been immunized against mumps until they receive at least one dose of mumps-containing vaccine. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school.  <u>During mumps outbreaks</u>, staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.            Pregnant students and staff should not receive MMR immunization.         </li> </ul>	Unimmunized persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.

<sup>11</sup> DHEC should be consulted immediately about pregnant, non-immunized, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.

**Exclusion criteria for students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>10</sup>:**

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<ul style="list-style-type: none"> <li> <b>Rubella:</b>            Exclude exposed students who have not been immunized against rubella until they receive at least one dose of rubella-containing vaccine. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine.            Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.            If immunization exemption applies, continue to exclude exposed students until the health department determines that it is safe for them to return, typically for 21 days after the onset of rash in the last person with rubella in the affected school or community.            Pregnant students and staff should not receive MMR or rubella immunization.         </li> </ul>	<p>Unimmunized persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>
<ul style="list-style-type: none"> <li> <b>Varicella (chicken pox):</b>  <u>In outbreaks<sup>12</sup></u>, exclude unimmunized students with no history of varicella vaccination from the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school.<sup>13</sup>            In an outbreak, staff born in 1980 or later who cannot provide documentation of at least 1 dose of varicella vaccine on or after their first birthday, or laboratory evidence of immunity or physician diagnosis of varicella disease should be excluded for 21 days after the onset of rash in the last person with varicella in the affected school or community.            Students and staff may return immediately following receipt of varicella vaccine.            Pregnant students and staff should not receive Varicella immunization.         </li> </ul>	<p>Unimmunized students receiving their first dose of varicella vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.</p>

<sup>12</sup> An outbreak of Varicella is defined as 5 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

<sup>13</sup> Mild break-through cases of Varicella (occurring in immunized persons) are generally considered less infectious than cases in unimmunized persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Varicella or if/when exclusion may be extended past one incubation period (i.e., over 21 days).



**Children in childcare and school students with the following conditions are not typically excluded , so long as they are healthy enough to participate in routine activities:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Canker Sores</li> <li>• Chronic Hepatitis B or C infection</li> <li>• Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a fever or any of the other excludable symptoms described in this document</li> <li>• Cold sores</li> <li>• Cough not associated with an infectious disease or a fever</li> <li>• Croup</li> <li>• Cytomegalovirus (PE and sports exclusions may apply)</li> <li>• Diseases spread by mosquitos: Malaria, West Nile Virus</li> <li>• Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia</li> </ul> | <ul style="list-style-type: none"> <li>• Ear infection</li> <li>• Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever</li> <li>• HIV infection</li> <li>• Mononucleosis (PE and sports exclusions may apply)</li> <li>• MRSA carrier or colonized individual, without uncovered draining lesions</li> <li>• Pinworms</li> <li>• Rash, without fever or behavior change</li> <li>• Roseola, once the fever is gone</li> <li>• Thrush</li> <li>• Urinary Tract Infection</li> <li>• Warts, including Molluscum contagiosum</li> <li>• Yeast Diaper Rash</li> </ul> |
|---|---|

### **References:**

- American Academy of Pediatrics. (1997). *Model Childcare Health Policies* (3rd ed.). Rosemont, PA: Healthy Childcare Pennsylvania.
- American Academy of Pediatrics. (2012). *Red Book: 2012 Report of the Committee on Infectious Diseases* (29th ed.). (L. K. Pickering, C. J. Baker, D. W. Kimberlin, & S. S. Long, Eds.) Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics. (2013). *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide* (3rd ed.). (S. S. Aronson, & T. R. Shope, Eds.) Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Childhood Education. (2011). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (3rd. ed.). Retrieved from [http://nrckids.org/CFOC3/CFOC3\\_color.pdf](http://nrckids.org/CFOC3/CFOC3_color.pdf)
- Centers for Disease Control and Prevention. (1997). *The ABCs of safe and healthy childcare*. Retrieved 2002, from cdc.gov: <http://www.cdc.gov/ncidod/hip/abc/abc.htm>
- Centers for Disease Control and Prevention. (2010, August 9). *MRSA infections: Information and advice about MRSA for school officials*. Retrieved July 9, 2012, from cdc.gov: <http://www.cdc.gov/mrsa/groups/advice-for-school-officials.html>
- Lopez, A. S., & Marin, M. (2008). *Strategies for the control and investigation of varicella outbreaks 2008*. Retrieved May 28, 2013, from Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases: <http://www.cdc.gov/chickenpox/outbreaks/downloads/manual.pdf>
- SC Department of Social Services, Division of Child Day Care Licensing and Regulatory Services. (2005, March 2). *SC Code of Regulations 114-505: Health, Sanitation, and Safety*. Retrieved from <http://childcare.sc.gov/main/docs/laws/114500.pdf>